

TETON county library

P.O. Box 1629
Jackson, Wyoming 83001

tel 307.733.2164
fax 307.733.4568
email tetnadm@will.state.wy.us

18 July 2003


Federal Communications Commission
Office of the Secretary
445 - 12th Street, SW
Washington, DC 20554

RE: Letter of Appeal – Waiver Request
Billed Entity Number: 142565
Applicant's Form Identifier: 2003F471
Form 471 Application Number: 386021
Funding Request Number(s): 1061334, 1061335
CC Docket Nos. 96-45 and 97-21

This is a request for waiver of a deadline on the decision of USAC to reject Teton County Library's Form 471 for funding year 2003. The rejection letter from USAC, dated 18 February 2003, states "The FCC Form 471 submitted did not include all pages, Blocks 1-6". After reviewing Form 471, I discovered that indeed Block 4 worksheet B was missing. I promptly filed an appeal to USAC that included the completed worksheet B. This letter of appeal was received on February 26, 2003. I recently received their decision on the appeal, which was dated June 25, 2003. This letter states "The corrections you submitted on appeal cannot be accepted as the window for submitting 471 applications for this funding year has closed." I ask the FCC to reverse the decision made by USAC. The appeals procedures allow a period of 60 days to file. My initial letter of appeal was received by USAC within 8 days of the rejection letter. I believe all of my actions in the appeal process to have been completed in a timely manner that should have allowed ample time for review before the funding window closed.

Thank you for your consideration in this matter. This funding provides us with one-fourth of the funds needed to cover our library's phone service.

Sincerely,


Julie Klomparens
Business Manager
Teton County Library
jklompar@will.state.wy.us

Service

NEC47102-10-0307800247

Service
Form 471

Estimated Average Burden Hours Per Response: 1.5 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

2003F471

Form 471 Application

(Create your own code to identify THIS Form 471)

(To be checked by Fund Administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity **TETON COUNTY LIBRARY**

2 Funding Year: July 1, **2003** through June 30, **2004** 3 Entity Number **142565**

4 a Street Address, P.O. Box, or Route Number **PO BOX 1629**

City **JACKSON**

State **WY** Zip Code **83001**

b Telephone Number **307-733-2164** Ext. **116** c Fax Number **307-733-4568**

E-mail Address

d

5 Type of Application
☐ School (public or non-public school)
☐ School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
☒ Library (library (i.e. outlet/branch, system))
☐ Consortium ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6 a Contact Person's Name **JULIE KLOMPARENS**

First, fill in every item of the Contact Person's information below that is different from Item 4, above.
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

☐ b Street Address, P.O. Box, or Route Number **PO BOX 1629**

City **JACKSON**

State **WY** Zip Code **83001**

☒ c Telephone Number **307-733-2164** Ext. **116** d ☐ Fax **307-733-4568**

E-mail Address

e **JKlomparens@willi.state.wy.us**

f Holiday/vacation/summer contact information:

Entity Number

142565

Applicant's Form Identifier

2003F471

Contact Person

Julie Kamparens

Phone Number

307-733-2164

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471
Application #

--	--	--	--	--	--	--	--	--	--

Funding
Request
Number

--	--	--	--	--	--	--	--	--	--

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students
to be served

--	--	--	--	--	--	--	--	--	--

b Number of library
patrons to be served

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

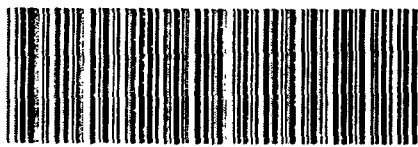
IF THIS APPLICATION INCLUDES...**BEFORE ORDER****AFTER ORDER**

- a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?
- b High-bandwidth voice/data/video service: How many buildings served before and after your order?
- c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?
- d Dial-up Internet connections: How many before and after your order?
- e Dial-up Internet connections: Highest speed before and after your order?
- f Direct connections to the Internet: How many before and after your order?
- g Direct connections to the Internet: Highest speed before and after your order?
- h Internet access (for schools): How many rooms have Internet access before and after your order?
- i Internet access (for libraries): How many buildings have Internet access before and after your order?
- j Internet access: How many computers (or other devices) with Internet access before and after your order?
- k Other technology outcomes: (please specify):

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



0 4 7 1 0 1 0 2 0 2

Entity Number 142565 Applicant's Form Identifier 2003F471
Contact Person Julie Klopars Phone Number 307-733-2164

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 2

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

472180000439403

13 SPIN - Service Provider Identification Number (9 digits)

143005231

14 Service Provider Name

QWEST COMMUNICATIONS

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T, MTM

16 Billing Account Number (e.g., billed telephone number)

3077332164

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

04/02/2003

18 Contract Award Date (mm/dd/yyyy)

MMDDYYYY

19a Service Start Date (mm/dd/yyyy)

07/01/2003

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2004

20 Contract Expiration Date
(mm/dd/yyyy)

MMDDYYYY

23 Calculations

A. Monthly \$ charges (total amount per month for service)

\$ 31055

B. How much of the \$ amount in (A) is ineligible?

\$ 726

C. Eligible monthly pre-discount amount (A minus B)

\$ 30329

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges
(C x D)

\$ 363948

F. Annual non-recurring (one-time) \$ charges

\$ 000

G. How much of the \$ amount in (F) is ineligible?

\$ 000

H. Annual eligible pre-discount \$ amount for one-time charges
(F minus G)

\$ 000

I. Total program year pre-discount \$ amount (E + H)

\$ 363948

J. % discount (from Block 4 Worksheet)

40%

K. Funding Commitment \$ Request (I x J)

\$ 145579

Attachment #

1

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

142565

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):



0 4 7 1 0 1 0 4 0 2

Entity Number <u>142565</u>	Applicant's Form Identifier <u>2003F471</u>
Contact Person <u>JULIE KOMPARENS</u>	Phone Number <u>307-733-2164</u>

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 002 of 002

ERN # (to be assigned by administrator)

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) 472180000439403 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) 143001192 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name AT&T CORP </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) T; MTM </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) 3077332164 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 04/02/2003 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) MMDDYYYY </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) 07/01/2003 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2004 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date (mm/dd/yyyy) MMDDYYYY </div> <div style="padding: 5px;"> 21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided. </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 22 Entity/Entities Receiving This Service: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):</p> </div> <div style="width: 35%;"> <p>Attachment # 2</p> <p>142565</p> <p></p> </div> </div> </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding: 5px;"> A. Monthly \$ charges (total amount per month for service) \$ 10977 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> B. How much of the \$ amount in (A) is ineligible? \$ 746 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) \$ 10231 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> D. # of months service provided in program year 12 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> E. Annual pre-discount \$ amount for eligible recurring charges (C x D) \$ 122772 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> F. Annual non-recurring (one-time) \$ charges \$ 000 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> G. How much of the \$ amount in (F) is ineligible? \$ 000 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> H. Annual eligible pre-discount \$ amount for one-time charges (F minus G) \$ 000 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> I. Total program year pre-discount \$ amount (E + H) \$ 122772 </div> <div style="border-bottom: 1px solid black; padding: 5px;"> J. % discount (from Block 4 Worksheet) 40% </div> <div style="border-bottom: 1px solid black; padding: 5px;"> K. Funding Commitment \$ Request (I x J) \$ 49100 </div>
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Do not write in this area

Entity Number 142565 Applicant's Form Identifier 2003F471
Contact Person Julie Klopars Phone Number 307 733 2164

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☐ an individual technology plan for using the services requested in this application; and/or
- b ☐ higher-level technology plan(s) for using the services requested in this application; or
- c ☒ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☐ technology plan(s) has/have been approved; and/or
- b ☐ technology plan(s) will be approved by a state or other authorized body; or
- c ☒ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person	<u>Petsy Bernfeld</u>	35 Date	<u>02/06/2003</u>
36 Printed name of authorized person	<u>P E T S Y B E R N F E L D</u>		
37 Title or position of authorized person	<u>L I B R A R Y D I R E C T O R</u>		
38 Telephone number of authorized person	<u>307-733-2164</u>	Extension	<u>101</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



0 4 7 1 0 1 0 5 0 2

Entity Number	<u>142965</u>	Applicant's Form Identifier	<u>2003F471</u>
Contact Person	<u>Julie Kromparens</u>	Phone Number	<u>307 733 2164</u>

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid QMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

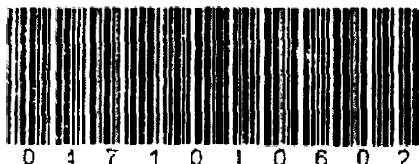
Public reporting burden for this collection of information is estimated to average 46 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



Entity Number 142565 - Teton County Library

Form 471

Block 5\ Item 21\ Attachment 1

Description of services:

Service Provider - Qwest Corporation

Monthly local telephone services for 7 phone lines, \$310.55/month minus \$7.26 ineligible, total \$303.29/month.

Block 5\ Item 21\ Attachment 2

Description of services:

Service Provider - AT&T

Monthly long distance telephone service, \$109.77/month minus \$7.46 ineligible, total \$102.31/month.

Entity Number

142565

Applicant's Form Identifier

2003F471

Contact Person

Julie KOMPARENS

Phone Number

307-733-2164

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

2 of 2

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

Telecommunications Service



Internet Access



Internal Connections

12 Form 470 Application Number (15 digits)

472186000439403

13 SPIN - Service Provider Identification Number (9 digits)

143001192

14 Service Provider Name

AT&T CORP

15 Contract Number

(if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T; MTM

16 Billing Account Number (e.g., billed telephone number)

3077332164

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)

(based on Form 470 filing)

01/02/2008

18 Contract Award Date (mm/dd/yyyy)

MMDDYYYY

19a Service Start Date (mm/dd/yyyy)

07/02/2008

19b Service End Date (mm/dd/yyyy)

(use only for "T" or "MTM" services)

06/30/2004

20 Contract Expiration Date

(mm/dd/yyyy)

MMDDYYYY

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

2

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

142565

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

23 Calculations**A. Monthly \$ charges** (total amount per month for service)

\$ 10977

B. How much of the \$ amount in (A) is ineligible?

\$ 746

C. Eligible monthly pre-discount amount (A minus B)

\$ 10231

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

\$ 122772

F. Annual non-recurring (one-time) \$ charges

\$ 000

G. How much of the \$ amount in (F) is ineligible?

\$ 000

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

\$ 000

I. Total program year pre-discount \$ amount (E + H)

\$ 122772

J. % discount (from Block 4 Worksheet)

50%

K. Funding Commitment \$ Request (I x J)

\$ 61386

Recurring Charges

Non-Recurring Charges

Total Charges



0 4 7 1 0 1 0 4 0 2

Entity Number 142565 Applicant's Form Identifier 2003 F471
Contact Person Julie Thompson Phone Number 307-733-2164

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

1 of 2

FRN#

(to be assigned by FCC)

11 Category of Service (only ONE category should be checked)



Telecommunications
Service



Internet
Access



Internal
Connections

12 Form 470 Application Number (15 digits)

472180000439403

13 SPIN - Service Provider Identification Number (9 digits)

143005231

14 Service Provider Name

WEST COMMUNICATIONS

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T, MTM

16 Billing Account Number (e.g., billed telephone number)

3077332164

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

04022003

18 Contract Award Date (mm/dd/yyyy)

MMDDYYYY

19a Service Start Date (mm/dd/yyyy)

04012003

19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)

06302004

20 Contract Expiration Date (mm/dd/yyyy)

MMDDYYYY

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A. Monthly \$ charges (total amount per month for service)

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C. Eligible monthly pre-discount amount (A minus B)

\$ 30329

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

\$ 363948

F. Annual non-recurring (one-time) \$ charges

\$ 000

G. How much of the \$ amount in (F) is ineligible?

\$ 000

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

\$ 000

I. Total program year pre-discount \$ amount (E + H)

\$ 363948

J. % discount (from Block 4 Worksheet)

50%

K. Funding Commitment \$ Request (I x J)

\$ 181974

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

1

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- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

142565



0 4 7 1 0 1 0 4 0 2

FREE AND REDUCED LUNCH TOTALS FOR SCHOOL YEAR: 2002-03

by Stephanie Lucero 12/18/02

District	SCHOOL	NAME	Enrollment	Free Lunch	% of Enr	Reduced Lunch	% of Enr	Free & Reduced	% of Enr
	1902006	Thoman Ranch Elementary	2	0	0.00%	0	0.00%	0	0.00%
	1902007	Washington Elementary	266	64	24.06%	25	9.40%	89	33.46%
	1902010	Jackson Elementary	254	18	7.09%	15	5.91%	33	12.99%
	1902011	Truman Elementary	277	62	22.38%	32	11.55%	94	33.94%
	1902050	Lincoln Middle School	331	38	11.48%	21	6.34%	59	17.82%
	1902051	Monroe Middle School	298	35	11.74%	22	7.38%	57	19.13%
	1902055	Green River High School	905	51	5.64%	32	3.54%	83	9.17%
	1902056	Expedition Academy	41	9	21.95%	5	12.20%	14	34.15%
1902 Total			2,688	325	12.09%	180	6.70%	505	18.79%
2001	2001001	Alta Elementary	48	8	16.67%	6	12.50%	14	29.17%
	2001002	Rendezvous Campus	678	108	15.93%	50	7.37%	158	23.30%
	2001003	Kelly Elementary	47	0	0.00%	0	0.00%	0	0.00%
	2001004	Moran Elementary	21	0	0.00%	0	0.00%	0	0.00%
	2001005	Wilson Elementary	208	3	1.44%	0	0.00%	3	1.44%
	2001050	Jackson Hole Middle School	545	36	6.61%	22	4.04%	58	10.64%
	2001055	Jackson Hole High School	672	16	2.38%	11	1.64%	27	4.02%
	2001056	Western Wyoming High School	29	5	17.24%	1	3.45%	6	20.69%
2001 Total			2,248	176	7.83%	90	4.00%	266	11.83%
2101	2101002	Clark Elementary	286	95	33.22%	53	18.53%	148	51.75%
	2101004	Uinta Meadows Elementary	452	133	29.42%	56	12.39%	189	41.81%
	2101005	North Evanston Elementary	349	118	33.81%	48	13.75%	166	47.56%
	2101006	Aspen Elementary	462	95	20.56%	58	12.55%	153	33.12%
	2101050	Davis Middle School	415	95	22.89%	67	16.14%	162	39.04%
	2101051	Evanston Middle School	350	94	26.86%	39	11.14%	133	38.00%
	2101055	Evanston High School	965	159	16.48%	102	10.57%	261	27.05%
2101 Total			3,279	789	24.06%	423	12.90%	1,212	36.96%
2104	2104001	Mountain View Elementary	157	22	14.01%	12	7.64%	34	21.66%
	2104002	Fort Bridger Elementary	118	23	19.49%	13	11.02%	36	30.51%
	2104050	Mountain View Middle School	164	26	15.85%	13	7.93%	39	23.78%
	2104055	Mountain View High School	239	19	7.95%	5	2.09%	24	10.04%
2104 Total			678	90	13.27%	43	6.34%	133	19.62%
2106	2106001	Lyman Elementary	101	15	14.85%	8	7.92%	23	22.77%
	2106002	Urie Elementary	210	37	17.62%	12	5.71%	49	23.33%
	2106050	Lyman Middle School	155	19	12.26%	17	10.97%	36	23.23%
	2106055	Lyman High School	248	13	5.24%	14	5.65%	27	10.89%
2106 Total			714	84	11.76%	51	7.14%	135	18.91%
2201	2201001	East Side Elementary	180	53	29.44%	26	14.44%	79	43.89%
	2201002	South Side Elementary	173	35	20.23%	27	15.61%	62	35.84%
	2201003	West Side Elementary	192	80	41.67%	26	13.54%	106	55.21%
	2201050	Worland Middle School	351	62	17.66%	51	14.53%	113	32.19%
	2201055	Worland High School	448	60	13.39%	43	9.60%	103	22.99%

Entity Number <u>142566</u>	Applicant's Form Identifier <u>2003F471</u>
Contact Person <u>Julie Komprens</u>	Phone Number <u>207 733-2164</u>

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B- 1
Page 1 of 1

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for one outlet/branch or **ONLY** for site-specific services:
Complete columns 1-4 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** outlets/branches in the library system (with or without site-specific services as well):
Complete columns 1-4 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches:
Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: _____

Library System Entity Number: _____

1 Name of Eligible Library (outlet/branch)	2 Entity Number	3 Name of School District in which outlet/branch in Column 1 is located	4 Discount % from Discount Matrix
Teton County Library	142566	Teton County School District #1	50%
Totals for calculating Shared Discount			
10c Shared Discount % (Col. 4 total divided by # of outlets/branches in Col. 1. Round to nearest %)			